

L190000120794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

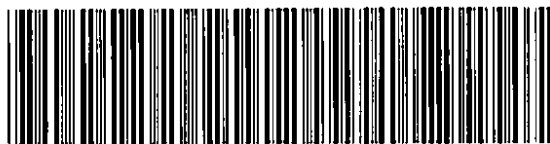
(Business Entity Name)

(Document Number)

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NOV 26 2019

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2019

Amend

NOV 26 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMCE GROUP INTERNATIONAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OMAR H ULLOA OCHOA

Name of Person

OMCE GROUP INTERNATIONAL LLC

Firm/Company

4767 PINEMORE LANE

Address

LAKE WORTH, FL 33463

City/State and Zip Code

onano1974@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR H ULLOA OCHOA

561 900-6695
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAR H ULLOA OCHOA	4767 PINEMORE LANE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BLANCA C OCHOA	4767 PINEMORE LANE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 11/25/2019 (optional)
(If an effective date is listed, the date must be on or after the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 25, 2019

a

Signature of a member or authorized representative of a member

OMAR H ULLOA OCHOA

Typed or printed name of signer